

I hereby certify • I asked all questions and accurately and fully recorded all information given by the applicant • I advised the applicant not to terminate existing coverage unless, and until, the Administrator notifies him/her, in writing, that this application has been approved • I used only advertising approved by the Insurer to solicit this application, I told the applicant nothing inconsistent with the approved advertising about the benefits/coverage(s) • I didn't guarantee the Insurer's approval of the application or issuance of coverage(s) • I didn't tell the applicant that the Insurer will cover any pre-existing condition(s) • I made no false, misleading, or deceptive statements and complied with all applicable insurance laws, underwriting requirements, and the market/sales standards maintained by the Insurer.

I understand that I'm liable for my acts and omissions to the extent provided by law, I understand I have no authority to alter this application, bind the Insurer by making promises and/or representations, or to waive or change the terms, conditions, and/or provisions of the policy(ies) or any requirement imposed by the Insurer. I understand I represent the employer, not the Insurer.

Signature of Writing Agent _____ Date _____
Month Day Year

Print Name _____

Agent's Social Security Number _____

New Group Enrollment materials should include the following information:

- Employer Subscription Agreement** - fully completed
- Application for Insurance** for each employee - fully completed. A **Waiver of Insurance** must be completed by every eligible employee who is waiving employee and/or dependent coverage. The Waiver is located within the Application for Insurance.
- Copy of **Quote with final census**.
- Check** for total monthly cost, payable to CBSA and submitted on the employer's company check stock. In the event that premium rates are adjusted during the underwriting process, the employer must remit the additional amount due prior to case issuance. The check(s) will be deposited after the Underwriter has approved coverage.
- Copy of the employer's most recent filed **State Quarterly Wage and Unemployment Tax Report** which includes the listing of employee names. Account for any employee that appears on the report but did not enroll for coverage.
- Copy of the **current carrier's monthly billing statement** for the month immediately preceding requested effective date. Account for any employee that appears on the bill but did not enroll for coverage.
- Give each **employee's effective date** with the current carrier for prior coverage credit. Supply one year's worth of prior insurance information for medical coverage and two year's for dental coverage.
- Copies of **HIPAA Certificate of Creditable Coverage** for those employees/dependents covered under a plan other than the employer's plan. Supply one year's worth of prior insurance information.
- For employers electing dental, a copy of the employer's current dental **Schedule of Benefits**.
- Renewal rates on groups of 26 or more medical lives.
- Three years of claim experience and renewal rates if group is 50 or more medical lives.

Underwritten by
**North Carolina Mutual Life
Insurance Company**
Durham , North Carolina

Administered by



**CORPORATE BENEFIT
SERVICES OF AMERICA, INC.**

Your Benefits Partner

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